


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000057360

1. Entity Name
A & J WESTON COMMERCIAL GP, INC.



Principal Place of Business 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009	Mailing Address 1920 E. HALLANDALE BEACH BLVD SUITE 906 HALLANDALE, FL 33009
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02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0847061	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STERN, JEROME H
 1920 E HALLANDALE BCH BLVD
 STE 906
 HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000885275
 04/07/08-80022-007 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STERN, JEROME H 1920 E HALLANDALE BEACH BLVD #906 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIPSON, ARTHUR E 1920 E. HALLANDALE BEACH BLVD #906 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ARTHUR E. LIPSON, PRES.** Date: **3/18/08** Daytime Phone #: **(954) 454-1004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR